Called to Care: A Resource for Lay Caregivers is available in a notebook or CD format (which can be purchased at the same time for a nominal extra charge.)

INTRODUCTION

The introductory section describes the *Called to Care* project. It continues with *Christian Perspectives on Caregiving*, a biblical and historical overview. This overview shows how caregiving ministry is central in the life of a church, and helps individuals explore reasons to participate.

ORGANIZING

In Organizing Your Church for Caregiving, Section A describes two caregiving programs, and Section B outlines steps for putting together a caregiving program.

GUIDANCE

Guidance for Caregivers gives information on how to make contacts and visits. It can serve as a handbook for caregivers as they minister.

TRAINING

Training for Caregivers outlines seven sessions of training to prepare caregivers for this ministry. It can be adapted for the particular needs of the program and the caregivers.

HANDOUTS

This section includes forms which can be copied to use in organizing the program, and for training.

NURTURE

Nurturing the Call describes ways that caregivers and their ministries can be encouraged, supported and sustained. It suggests program reviews, as well as training and retreat time for caregivers.

CARECARDS

These reproducible resources describe a variety of health and life situations that call for caregiving. Each card also offers specific suggestions for those



offering care, provides suggestions for prayer and scripture, and resources. These may include books, websites, video materials, and lists organizations which provide expertise or advocacy. There are suggestions for the "caring congregation," too, to promote wider engagement with the issues described.

RESOURCES

In addition to the specific resources listed on the Carecards, this section lists a selection of more general resources to support or develop a caregiving effort.

Other Materials

Also included with the purchase of the resource (in notebook and/or CD format) are samples of other materials that are available for purchase. These are:

- caregiver pins
- a Pocket Handbook for Caregivers with prayers and psalms
- Caregiver Record Cards to assign or track encounters
- inspirational Message Cards to leave behind for support and prayer.

The Pocket Handbook for Caregivers is also available for download at www.ucc.org/ministers under the heading Local Church Leadership, in the Resources listing.

Samples

On the following pages are the listing of the Carecards, and a sample Carecard for review. For more samples of Called to Care materials contact the United Church of Christ Resource Center which serves your area, or the Parish Life and Leadership Ministry team (see www.ucc.org/ministers)



CARECARDS

Abortion Adoption

Advance Directives (Living Wills)

Alcoholism

Alzheimer's Disease

Birth

Blindness and Visual Impairment

Cancer

Catastrophic Illness and Rehabilitation

Child Abuse

Children and Divorce

Chronic Illness Death and Dying Death of a Child

Developmental Disabilities Displaced Homemakers

Divorce

Depression

Domestic Violence Eating Disorders

Eldercare

Emotionally Disturbed Children

Empty Nest

Financial Crisis in a Family

Genetic Science

Grief

Hearing Loss

Heart Attack

Heterosexism

HIV and AIDS

Homeless People in Urban Settings

Incarceration

Incest

Infertility

Learning Disabilities

Mental Illness/ Brain Disorders

Midlife Crisis

Physical Disabilities

Post-Traumatic Stress Disorder

Racism

Rape and Sexual Violence

Refugees Retirement Sexism

Single Adults

Stress

Substance Abuse and Addiction

Suicide

Unemployment Victims of Crime Visitors at Church Widowed Persons

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3. ADVANCE DIRECTIVES

(LIVING WILLS, ORGAN DONATION, ETC)

INFORMATION FOR THE CAREGIVER ABOUT ADVANCE DIRECTIVES

Christian caregivers need to understand the implications of living wills and other advance directives.

Advance directives are written statements made by individuals exercising their right to determine their own future medical treatments. Competent adults are responsible for deciding which medical procedures they would like to receive and which they want to decline.

The directives also authorize their decisions to be followed when they are not physically or mentally capable of taking part in the decision-making regarding their care. Their advance requests provide loved ones with the necessary information to a question such as, "What would my loved one want under these circumstances?"

The use of advance directives has become increasingly important as the ability to prolong life has grown. In today's world of expanding technology, more people than ever have the opportunity to make significant decisions about their own health care and end-of-life issues.

Unfortunately, about 90% of individuals fail to plan ahead. When they become incompetent, they are unable to give valid consent or refusal to life-prolonging treatments. However, if an individual has an advance directive written, signed, and co-signed by a witness (not a family member nor a health-care provider), health-care providers and family members will know how to carry out the individual's wishes. (While some states and hospitals may allow family or providers to sign, many do not).

Individuals may give verbal directives to next of kin or health-care providers, but these may be difficult to enforce. While verbal directives are helpful, they are not verifiable documents.

Written documents, such as a living will, indicate what procedures an individual does and does not want used to prolong her or his life at the time of terminal illnesses or conditions. In many jurisdictions, the law will not allow the removal of life support, such as dialysis and breathing machines, but written directives can prevent the initiation of such aggressive medical procedures. The directives also can stipulate that something in particular be done at death, such as the donation of organs and tissues. It is important to note that the individuals with these signed documents have the prerogative to change or revoke the documents at any time.

Copies of signed directives should be given to physicians for placement with medical records; to people who have been given durable power of attorney or named executor; to next of kin, including copies to spouses and children; and to institutions such as nursing homes and hospitals where final care is given. Copies also may be given to pastors. Sometimes it is the

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- pastor who is the first to arrive at the hospital when critical decisions must be made. Always
- keep the original, as more copies may be need at a later time. Many hospitals do not file Ad-
- vance Directives after discharge, so you may need to provide a new copy with each admis-
- sion.
- * The advance directive called a durable power of attorney is a legal document granting those
- named in the document the authority to make decisions for individuals when they are either
- mentally or physically incapable. The persons given the durable power of attorney should be
- known and trusted by the individual and the family.
- Making these decisions, as with any hard choices, can be upsetting and confusing. Decisions about terminating medical care can raise complex theological questions. Those who are
- chronically and terminally ill would benefit from talking openly about their desires regarding
- * advance directives, as would those who love and care for them.
- Others can also benefit if one of the individual's choices is to be an organ donor. About forty
- years ago the medical profession began the development of human organ transplantation,
- now considered one of the most outstanding medical achievements of the 20th century. To-
- day transplantation has become a viable option for many patients with end-stage organ fail-
- ure. One of transplantation's chief foes is the need for donors. An individual can give ad-
- vance directives about his or her desire to give life after life ends. The waiting list of those
- seeking kidney, pancreas, liver, heart, and lung replacements continues to grow. Everyone can
- help those who wait by including organ donation in her or his advance directives.
- Many people seek guidance and support from their faith when they prepare advance direc-
- tives. The Eighteenth General Synod of the United Church of Christ in 1991 supported the
- rights of individuals to die with dignity and, if they choose, to not have their lives unnecessar-
- ily prolonged by extraordinary measures. It also offered love, compassion, and understanding
 - to those who are faced with difficult end-of-life decisions.

SUGGESTIONS FOR THE INDIVIDUAL CAREGIVER

- Although it may not be the role of a caregiver to raise end-of-life issues, be prepared to listen and provide information should individuals raise the matter. Be a sounding board to their feelings without projecting your own ideas or moral judgments on the individual's decision.
- Learn the legal status of living wills in your state, since it differs from state to state, and learn what the requirements are for writing one that will be legally recognized.
- Remember that family members or loved ones may need your care and concern at this time because advance directives can be an acknowledgment by individuals of their impending medical condition. Be prepared to listen.

RESOURCES OF SCRIPTURE AND PRAYER

You may wish to have copies of the scripture passages and prayer available to give to those involved so that they may use them at any time.

John 17:1-3 Jesus gives eternal life Romans 14:7-12 We belong to God

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A prayer to share with those considering advance directives:

O God, our Creator, we come to you in this time of reflection and thought. We realize that many mysteries surround life and death, yet both become one in you as your love, support, and presence remain. Guide us as we make difficult decisions and as we bear the cross of illness. Help us accept the spiritual and physical aspects of our lives. Assure us that even when death comes, as it did for Christ on the cross, we will live forever in your love and peace. Amen.

SUGGESTIONS FOR THE CARING CONGREGATION

- Make information about advance directives available to your congregation.
- Provide opportunities through adult education, sermons, and other forums for communication and discussion of a theological understanding of life and death.
- Invite a speaker from your local hospital to address an adult education class.

RESOURCES

Jo Kline Cebuhar, JD. Last things first, just in case....The practical guide to Living Wills and Durable Powers of Attorney for Health Care. Murphy Publishing 2006.

A practical, readable guide from a lawyer, in straightforward language.

David John Doukas, M.D., and William Reichel, M.D. Planning for Uncertainty: A Guide to Living Wills and Other Advance Directives for Health Care. The Johns Hopkins University Press, 1993.

This basic guide also presents information on what doctors can and cannot do.

Lawrence Reimer and James Wagner. The Hospital Handbook: A Practical Guide to Hospital Visitation, rev. ed. Morehouse Publishing, 1988.

This guide to hospital visitation has a thorough discussion of advance directives.

The Committee on Medical Ethics of the Episcopal Diocese of Washington: Toward a Good Christian Death. Morehouse Group, 1999.

A theological and ethical context for making decisions about end-of-life care.

ORGANIZATIONS

United Network for Organ Sharing (UNOS)

1100 Boulders Parkway, Suite 500 Richmond, Virginia 23225-8770

phone: 804-330-8500; fax: 804-330-8507

e-mail: newmanid@unos.org; website: www.unos.org

This organization is a private, federally funded organization which has contributed to the increasing availability of donor organs.

Your local hospital can provide free sample forms you can complete. They can also refer you to a local organization which can give you more information on organ donation.

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